

# **COMMUNICATION STRATEGIES THAT ARE HELPFUL WHEN WORKING WITH THE CONFUSED ELDERLY**

## **General Attitude and Approach**

Calm  
Flexible  
Non-resistive  
Guiding (not controlling)

## **Verbal Approaches**

1. Use concrete, exact, positive phrases; repeat the same phrase.
2. Trigger automatic responses.
3. Break tasks down into single instructions like “walk forward”, “stop”, “turn around”, and “sit down”.
4. Make a suggestion if the person is unable to make a choice.
5. Use a calm, soft, slow voice pattern.
6. Ask one question at a time and WAIT for a response.
7. Do not argue or try to reason.
8. Use distraction.
9. Keep your promises, so promise only what you will be able to do.
10. Include the person in your conversation.
11. Identify the person’s vocabulary and use it--if he uses the word “potty” for bathroom, then staff should use that word.
12. Treat the resident as an elder or peer, not as a child.
13. Acknowledge the person’s feelings and help her “name it” if she has difficulty--for example: “You look sad. Do you miss your daughter after she leaves?”
14. Give directions within attention span.

## **Nonverbal Approaches**

1. Practice “looking friendly”- Your attitude/mood is contagious, felt by all, even if you share it verbally only with other staff.
2. Make your verbal and nonverbal messages the same.
3. Stand in front and make eye contact.
4. Assume an equal or lower position, especially if the resident feels powerless.
5. Move slowly.
6. Approach from the front, not the side or behind.
7. Avoid overwhelming the resident physically or verbally (approaching an anxious resident with three or more people may lead to a catastrophic reaction).
8. Use lots of touch, if the resident enjoys it, and allow time for the resident to touch you.

9. Identify symbolic behaviors and their meaning- the cup the resident wishes to hang onto often after meals may be symbolic for having coffee with friends and relatives and be a source of security and comfort.

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